

Camp Locations for '07

Dodge Recreation Center



**New Location
Same GREAT Camp**

667 Sullivant Avenue
Columbus, OH 43215
This facility is located just
Southwest of downtown.

Franklin Park Adventure Center



1747 East Broad Street
Columbus, OH 43203
This facility is located just east
of downtown.

SUMMER OF FUN AND ADVENTURE

Day Camp

2007

June 18-Aug. 10



**Therapeutic Recreation
Inclusive Summer
Day Camp**



Summer of Fun and Adventure Day Camp

General Info

Registration Begins March 12th, 2007. Mail registration to the address on the registration form or walk in at the Therapeutic Recreation office located at The Franklin Park Adventure Center, 1755 E. Broad St., will be taken at this time. Registration will also be accepted at the Camp Fair on March 31, 2007 from 11:00- 2:00 space permitting.

Sessions will run five days, Monday through Friday. Hours of operation will be **8:30-3:00** with early drop off at **7:15 AM** and late pick up by **5:15 PM**, Monday through Thursday. Friday we will have special hours **8:30 –2:00** with early drop off at **7:15 AM**. There will be an additional fee for early drop and/or late pick up. **There are no late pick ups on Fridays! Session 3 will run Monday, Tuesday and Thursday, Friday.**

No camp on July 4th.

Campers must be 6 years or older at the start of camp.

Transportation is available on a **limited** basis to and from the camp located at **Dodge Recreation Center only**. Transportation from both centers is provided for trips taken during the camp day while at camp.

Medications are self administered unless staff has written permission from a parent/guardian to assist.

P.L.A.Y. scholarships are available to the campers who qualify for one session only. Please call for application, or stop by any Recreation Center.

Ohio Summer Food Service Program for Children will be providing breakfast and lunch for the campers. Please indicate your child's school I.D. number on the registration form. If you do not have the school ID number, please indicate the school he/she is attending.

Camp Fees

\$75.00 per week-Sessions 1-2; and 4-8.

\$60.00 per week-Session 3

\$10.00 per week additional for early drop off between **7:15 AM-8:15 AM**.

\$20.00 per week additional for late pick up (after care) between **3:15-5:15 PM**.

*******All Fees must be paid on or before the first day of camp!!*******

Session Dates

Dodge

Franklin Park

Session 1 June 18-22

Nature and Science

Adventures in Art

Session 2 June 25-29

Adventures in Art

Nature and Science

Session 3 July 2,3,5,6

Red, White and Blue

Red, White and Blue

Session 4 July 9-13

Talent, Talent, Talent

Talent, Talent, Talent

Session 5 July 16-20

Having a Ball

Having a Ball

Session 6 July 23-27

Challenge Week

Volunteering in Columbus

Session 7 July 30-Aug 3

Volunteering in Columbus

Challenge Week

Session 8 Aug 6-10

Let's Celebrate

Let's Celebrate

Summer Fun!!!!

Having a Ball.... Campers will engage in a variety of games involving a ball. Softball, kickball, tennis, basketball, soccer, golf and more!! Includes a trip to Cooper Stadium for a baseball game.

Adventures in Art...Arts and crafts, from around the world make up this fun filled week.

Nature and Science...Explore our park system to learn about nature and experiment with science.

Red, White and Blue... Special events will include a family picnic and lots of games.

Volunteering in

Columbus...Campers will have a chance to give back to the community by getting involved in several volunteer activities.

Challenge Week...Daily challenges for campers, ending with an overnight camp out at Walnut Bluffs.

Talent, Talent, Talent...Express yourself. Show off your talent. Week ends with a talent show.

Let's Celebrate...Celebrate a new holiday each day. Friday Birthday Bash.

August 13,14,15,16
Call for more info

"Next Level" Sports Camp
614-645-5648

Aquatic Center
Schiller Recreation Center

New This Summer



Next Level Sports Camp

Aug. 13,14,15,16

Swim Team camp – Week of Aug. 13

Location: Aquatic Center

Cost: \$30.00

Junior Wheelchair Basketball -

August 15 and 16.

Location: Schiller Recreation Center

Cost: \$30.00

Camps will provide opportunities for your child to practice skills necessary to play in these sports at the “next level” taught by professional instructors.



Therapeutic Recreation Mission Statement

The Columbus Recreation and Parks Department, (CRPD) Therapeutic Recreation sponsors recreational activities that are modified to meet the needs of individuals with disabilities.

CRPD, Therapeutic Recreation enhances an individual's physical, social, and lifetime recreational interests in a broad spectrum of leisure experience.

CRPD, Therapeutic Recreation welcomes and encourages everyone to participate.



Columbus Recreation and Parks

Therapeutic Recreation
420 W. Whittier Street
Columbus, Ohio 43215

614-645-5648
www.columbusrecparks.com



**Columbus Recreation and Parks
Therapeutic Recreation
Summer of Fun and Adventure Day Camp 2007
Registration Form**

**For Department
Use only**

1	2	3	4	5	6	7	8
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Please complete this form as thoroughly as possible and return it with **payment** and/or request for PLAY application to:
Therapeutic Recreation, Columbus Recreation and Parks Dept., 420 W. Whittier St., Columbus, OH 43215.

Registration begins March 12, 2007

One for each camper must be on file for camper to participate in camp

I. Camper Information

Camper First Name: _____ Last Name: _____
 Parent/Guardian: _____
 Address: _____ City: _____
 Male: ☐ Female: ☐ Date of Birth: _____ Age: _____ Current Grade: _____
 Email Address: _____

Cell Phone: _____
 Home Phone: _____
 Work Phone: _____
 Zip Code: _____
 School ID #: _____

II. Emergency Contact Information

Name: _____
 Address: _____
 Day Phone: _____
 Relationship: _____

Name: _____
 Address: _____
 Day Phone: _____
 Relationship: _____

**III. Camp and Session(s) Attending (please Check (✓) the camp and sessions you wish to attend)
Please check early drop and/or late pick up if you are using this service**

Camp	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Total Cost
	June 18- June 22	June 25- June 29	July 2,3 July 5,6	July 9- July 13	July 16- July 20	July 23- July 27	July 30- Aug 3	Aug 6- Aug 10	
Dodge Cost \$75									
Early Drop off \$10.00									
Late Pick Up \$20.00									
Franklin Park Cost \$75 Cost \$60 for Week 3									

Please indicate payment method: Cash/Check ☐ P.L.A.Y. ☐ 3rd Party payer _____

Agency Name

IV. Medical Information

Physician and/or Clinic: Name: _____
 Phone Number: _____

Dentist and/or Dental Clinic: Name: _____
 Phone Number: _____

Please circle all that apply to participant:

☐ Allergies (see below) ☐ Ear Tubes ☐ Scoliosis
☐ Arthritis ☐ Glasses ☐ Seizures

OVER → → →

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Atlanoaxial Subluxation | <input type="checkbox"/> Hearing Aides | <input type="checkbox"/> Shunt |
| <input type="checkbox"/> Catheter | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis Carrier | <input type="checkbox"/> Other: _____ |

V. Disabling Condition

To assist in ensuring proper staffing and safety, please identify the participants disabling condition. Circle all that apply to the participant and/or write in any disabling conditions or special instructions below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Autism | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Severe MR/DD | <input type="checkbox"/> Severe Behavior Disorder | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Moderate MR/DD | <input type="checkbox"/> Mild MR/DD | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Other: _____ |

Please provide specific information for any medical condition we should be aware of (Allergies, Activity Restrictions, etc.) _____

Does participant walk independently? Yes ☐ No ☐ If no, what assistance is needed? _____

Does participant dress independently? Yes ☐ No ☐ If no, what assistance is needed? _____

Does participant communicate through speech? Yes ☐ No ☐ If no, what type of communication is used? _____

Does participant bathroom/toilet independently? Yes ☐ No ☐ If no, what assistance is needed? _____

Medication Policy: Columbus Recreation and Parks Department staff shall not **administer** medication to participants in their programs. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless the person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may (1) Remind a participant to take medication and ensure directions on the container are followed, (2) Assist participant by taking the medication from the locked storage area and hand it to the participant, and (3) Assist participant with a physical disability in removing the medication, assist in consumption, upon request by or with the consent of the participant(s) parent/guardian.

Please identify type, dosage, and time all medication participant is currently taking.

Medication:	Name	Dosage	Frequency
1.	_____	_____	_____
2.	_____	_____	_____

V. Participant/Parent/Guardian Release

As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my son/daughter's participation in the program, against Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers. I do hereby fully release and discharge the Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers for any and all claims from injuries, damage, or loss which I have or which may occur to me on account of my son/daughter's participation in program. I further agree to protect, defend, and hold harmless the Columbus Recreation and Parks Department, City of Columbus, agents, employees and volunteers from any and all claims resulting or in any way associated with activities of the program. I have read and fully understand the release form. Before registration in this program is valid, this release form must be signed by the participant's parent/guardian.

Signature of Parent/Guardian _____ Date _____

VI. Confidentiality Release

I, the undersigned, hereby authorize the Columbus Recreation and Parks Department to utilize photographs, videotapes, and voice recordings, of the participant to be used exclusively for promotion of Columbus Recreation and Parks program.

Signature of Parent/Guardian _____ Date _____